

WASHINGTON AQUEDUCT SEDIMENT
DISCHARGES

REPORT OF PANEL RECOMMENDATIONS

Fisheries Panel Summary of
Recommendations, March 1999

A panel of fisheries biologists from the District of Columbia, State of Maryland, Interstate Commission on the Potomac River Basin, National Marine Fisheries Service, and U.S. Fish and Wildlife Service was convened to provide recommendations on minimizing impacts to migratory fish from sediment discharges at the Washington Aqueduct. The fisheries panel provides these recommendations to the administrators at the Washington Aqueduct in an effort to advance the anadromous (and resident) fish restoration efforts in the Potomac River. By minimizing the adverse effects to water quality from sediment discharges at the Dalecarlia and Georgetown settling basins, fisheries resource managers have a better chance at achieving fish and habitat restoration goals for the Potomac River.

1. The goal is to eliminate sediment discharges to the Potomac River. If sediment discharges are absolutely necessary, the panel recommends eliminating the flocculent/sediment discharges from February 15 to June 15, to avoid the early and late spawning activities of migratory fish.

2. Mix the flocculent/sediments with raw river water in the settling basins to produce an effluent, that when discharged to the river, reduces the adverse impacts of concentrated sediments on migratory fish.

3. Slow the rate of flocculent/sediment discharge to the river to a minimum of 72 hours per basin. We recommend that the ratio of discharge to river flow be less than 0.1%. This will also reduce the adverse impacts to migratory fish from concentrated sediments entering the river.

4. Monitor water quality daily at the discharge sites to identify a time when water quality conditions are least sensitive to sediment discharges in the river. The water quality monitoring parameters include: pH, temperature, alkalinity, and conductivity.

5. Remove rocks from the Dalecarlia outfall to ensure controlled and measurable sediment discharge rates, and establish outfall maintenance and discharge monitoring plans to promote safe operation and predictable discharge rates.

6. Create a panel of stakeholders to assist the Washington Aqueduct with issues relating to the Potomac River ecosystem. These entities could include citizen coalition, local, state, interstate, and federal representatives.

INTRODUCTION OF MEDICARE
MODERNIZATION NO. 7: "MEDI-
CARE CLINICAL PRACTICE PAT-
TERNS ACT OF 1999"

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 8, 1999

Mr. STARK. Mr. Speaker, today I rise to introduce the seventh bill in my Medicare modernization series: the "Medicare Clinical Practice Patterns Act of 1999." This bill would give the Secretary the authority to document pat-

terns of clinical practice in the Medicare program, determine the effectiveness of treatment, and bring medicare policy in line with that of the private sector. If implemented, the "Clinical Practice Patterns Act" would help to standardize the delivery of health services within Medicare, thereby improving the quality of care provided to Medicare beneficiaries and achieving savings for the program overall.

Earlier this year, I introduced H.R. 1544, the "Patient Empowerment Act of 1999." The "Patient Empowerment Act" was the first step toward eliminating the wide variation in treatment patterns across the U.S., as identified by Dr. John Wennberg in the Dartmouth Atlas. The "Clinical Practice Patterns Act" builds on this theme by developing evidence-based clinical guidelines to assist providers in treating various illness.

Mr. Speaker, there are literally millions of doctors, nurses, and health administrators working in thousands of different hospitals, all trained at different schools in different communities, who provide care to the 39 million elderly, disabled, and ESRD patients covered by Medicare. With all of these elements interacting together, it's no wonder that we have such wide variation in treatment patterns across the United States.

Medicare is a combination of both art and science. For most treatments, there are no empirical data on clinical effectiveness that suggest one method is better than another. In these cases, providers use their "best guess" to make treatment decisions—relying on their individual knowledge, preferences, and the resources available to them. This "art" of medicine exacerbates the variation in treatment patterns, and Medicare expenditures, across the U.S.

Yet, as Wennberg notes, there is virtually no difference in health outcomes between low and high spending areas. If less expensive treatments are available, why aren't we prescribing them more readily? By collecting and distributing data on clinical effectiveness, and encouraging providers to use treatment guidelines, we may be able to minimize practice variation. We simultaneously may be able to achieve substantial savings for Medicare.

Following is a portion of an interview from the May/June 1999 issue of Health Affairs by Princeton professor Uwe Reinhardt with HHS Secretary Donna Shalala discussing how Medicare's financial problems would be greatly reduced if the variation in clinical practices were minimized:

REINHARDT. "Count on me to be a real thorn in the side of the status quo, then, because I believe that if everyone in America could consume medical care while spending at rates similar to those of Minnesota, Oregon, and Wisconsin, providing health care to the aging baby-boom generation would be a piece of cake, wouldn't it?"

SHALALA. "Absolutely, and the doctors would feel as though the system were fairer. But once the infrastructure is built and physicians get comfortable with consuming a certain level of resources, it's very difficult to work your way out unless you buy yourself out, as we have attempted to do with the downsizing of medical residency positions through HCFA's New York demonstration."

Clinical practice guidelines are being used more and more throughout the private sector

to improve the quality of health care as well as to increase the efficiency of the health industry. This practice does not in any way diminish the art of medicine, it only improves the science behind treatment decisions.

Medicare is a natural candidate for clinical practice guidelines. With an outstanding database of information on beneficiaries across the country, and the resources of the NIH and AHCPR at hand, Medicare could effectively implement a program to improve clinical effectiveness and achieve savings through efficiency.

IN SPECIAL RECOGNITION OF WIL-
LIAM S. HEFRON ON HIS AP-
POINTMENT TO ATTEND THE
UNITED STATES MILITARY
ACADEMY

HON. PAUL E. GILLMOR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 8, 1999

Mr. GILLMOR. Mr. Speaker, I rise today to pay special tribute to an outstanding young man from Ohio's Fifth Congressional District. I am happy to announce that William S. Hefron, of Amherst, Ohio, has been offered an appointment to attend the United States Military Academy at West Point, New York.

Mr. Speaker, Bill as accepted his offer of appointment and will be attending West Point this fall with the incoming cadet class of 2003. Attending one of our nation's military academies is an invaluable experience that offers a world-class education and demands the very best that these young men and women have to offer. Truly, it is one of the most challenging and rewarding undertakings of their lives.

While attending Lorain Catholic High School, Bill has attained a grade point average of 4.062 on a 4.3 scale, which places him third in his class of sixty-six students. Bill's scholastic honors include the Lorain Catholic Honor Roll and National Honor Society. Bill is also taking several AP classes to further his outstanding academic achievements.

Outside of the classroom, Bill has distinguished himself as an outstanding student-athlete. On the fields of competition, Bill is a Varsity letter winner in cross country, track, football, and basketball. During his Junior season, Bill was captain of the cross country team, Most Valuable Runner, and a school record holder. In track, Bill won the 800 meters at the District Track & Field Meet, and placed fifth in Regional competition. And currently, Bill is the Secretary of the Senior Class.

Mr. Speaker, at this point, I would ask my colleagues to stand and join me in paying special tribute to William S. Hefron. Our service academies offer the finest education and military training available anywhere in the world. I am sure that Bill will do very well during his career at West Point, and I wish him the very best in all of his future endeavors.